

ANNUAL REPORT

FRAUD DETERRENCE AND DETECTION ACTIVITIES

A REPORT TO THE CALIFORNIA LEGISLATURE

TENTH REPORT

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EXECUTIVE SUMMARY

This report documents the Employment Development Department's (EDD) fraud deterrence and detection activities for Calendar Year (CY) 2003, as required by California Unemployment Insurance Code (CUIC) Section 2614.

The EDD's major program responsibilities include Unemployment Insurance (UI), Disability Insurance (DI), Employment Tax Collection, Job Service (JS), Workforce Investment Act (WIA), and Welfare-to-Work (WtW) programs. During 2003, through the administration of its programs, the EDD collected more than \$32.4 billion in employment taxes from over 1.1 million employers and issued benefit payments in excess of \$10.5 billion on over 3.2 million UI and DI claims.

To protect the integrity of its programs, the EDD enforces the provisions of the CUIC and various other California codes affecting its programs. Doing so assures the integrity of all EDD programs and protects the interests of employers, claimants, and taxpayers. Research suggests that organizations can reduce the risk of fraud through a combination of prevention, detection, and deterrence measures. A strong emphasis on fraud prevention may reduce opportunities for fraud to take place while fraud deterrence could persuade individuals that they should not commit fraud because of the likelihood of detection and punishment.¹

The EDD takes a comprehensive approach to fraud prevention, detection, and deterrence. This approach involves the EDD programs, EDD oversight entities, and business partners including federal, state, and local law enforcement agencies, and prosecutors. During CY 2003, the EDD's comprehensive anti-fraud activities identified fraud (in dollars), by program area, as follows:

<u>Description</u>	<u>DI Program</u>	<u>UI Program</u>	<u>Tax Program</u>	<u>JTPA/WIA Program</u>
Cases Under Investigation	\$ 4,005,662 176 cases	\$ 28,231,545 190 cases	\$ 34,288,344 178 cases	\$ ---
Criminal Complaints Filed	\$ 302,852 9 cases	\$ 14,249,173 31 cases	\$ 3,313,398 28 cases	---
Completed Criminal Prosecutions	\$ 498,431 14 cases	\$ 2,779,158 14 cases	\$ 5,738,537 22 cases	---
Fraud Overpayments Established	\$ 3,486,055 1,283 ops	\$ 143,737,723 122,173 ops	---	---
Fraudulent Benefits Prevented	\$ 6,712,402	\$ 21,231,560	---	---
Underground Economy Assessed Liabilities	---	---	\$ 36,210,208	---
Cases in Audit Resolution	---	---	---	\$ 1,659,836 94 cases
Program Funds Recovered Through Resolution	---	---	---	\$ 232,051

The remainder of this report highlights fraud deterrence and detection activities by each EDD program and summarizes oversight activities across the Department. The final section of this report highlights enterprise-wide efforts in progress and under consideration to prevent, detect, and deter fraud.

¹ Management Antifraud Programs and Controls – Guidance to Help Prevent and Deter Fraud, American Institute of Certified Public Accountants, 2002, p 5.

BACKGROUND

Section 2614 of the CUIC requires the Director of the EDD to report to the Legislature by June 30 of each year on the Department's fraud deterrence and detection activities.

In CY 2003, the EDD collected more than \$32.4 billion in employment taxes and issued benefit payments in excess of \$10.5 billion to UI and DI claimants. The EDD administers the UI, DI, JS, WIA, and WtW programs. Through its Employment Tax Collection Program, the EDD collects UI, DI, Employment Training Tax, and Personal Income Tax withholding for the State of California.

As with any program where large sums of money are involved, the temptation to defraud the system for personal gain is present. Employers may not fully pay their employment taxes as required by law; claimants may use multiple social security numbers or the identities of others or claim benefits while working; physicians may certify disability inappropriately; and claimants or physicians may submit forged documents. Further, threats may be made to the security of EDD's systems or employees.

APPROACH

The EDD uses a multi-tiered, comprehensive approach to fraud deterrence and detection. This approach involves EDD programs, EDD independent oversight entities, and business partners including federal, state, and local law enforcement agencies, and prosecutors.

Each program area has established ongoing anti-fraud activities. In addition, independent oversight entities perform other activities including internal control reviews and audits, quality reviews to measure the accuracy and propriety of benefit payments, and information technology system reviews to detect system control deficiencies. Lastly, the Investigation Division (ID) identifies, investigates, and prosecutes fraud within EDD's various programs and internal operations.

Anti-fraud activities within the EDD range from up-front fraud prevention such as customer education, reviews of internal control systems, employer audits, internal systems edits and controls, fiscal monitoring activities, and ongoing or special fraud detection activities. Fraud detection activities include but are not limited to: analyzing client, employer, and medical provider demographic data; establishing internal program checks and balances; performing electronic cross-matches; participating in joint efforts with other agencies and business partners; operating a fraud reporting hot line; and conducting criminal investigations that include surveillance, undercover operations, computer forensic analysis and data mining, search warrants, witness and suspect interviews, evidence seizure, and, in concert with other law enforcement agencies, arrest and prosecution of suspects.

FRAUD DETERRENCE AND DETECTION ACTIVITIES

DISABILITY INSURANCE (DI) PROGRAM

The EDD is continuing its comprehensive, multi-faceted approach to combating fraud and improving accuracy in the DI program. During CY 2003, the DI program processed 754,339 claims and paid out over \$3 billion in benefits.

The EDD collects and analyzes data to support cases for prosecution and administrative action against those suspected of committing fraudulent acts. Within the DI Branch is a Program Integrity Manager and 10 Field Office Integrity Specialists (FOIS) located throughout the State. The current program integrity staffing level aligns with the minimum number of FOIS recommended in a DI program fraud risk assessment report published in October 2001 by the consulting firm, KPMG. The manager and the FOIS oversee, coordinate, and conduct various staff education efforts and investigative activities involving suspicious claims in the DI offices. The DI Branch staff work closely with the ID's criminal investigators to combat fraud in the DI program.

Primary DI program fraud deterrence and detection tools include:

- **Claimant Notification** of the legal consequences for willfully making a false statement or knowingly concealing a material fact in order to obtain benefits is provided on the claim form declaration statement signed by the claimant when applying for benefits.
- **Independent Medical Examinations (IME)** provide the EDD with a second medical opinion regarding the claimant's ability to perform his/her regular or customary work when the period of disability allowed by the treating physician exceeds the normal expected duration for that diagnosis. Photo identification is requested to ensure that the claimant, and not a substitute, appears for the examination.

Although the primary use of IMEs is the validation of the treating physician's prognosis and a means of controlling the duration of claims, IMEs are also a useful tool in curtailing the loss of benefits in those cases where fraud or abuse is suspected. In CY 2003, of the 41,478 IME results received, 3,134 (7.5 percent) of the claimants scheduled for an IME failed to appear and 13,582 (33 percent) were found able to work on the date of the examination.

- **Monthly Doctor Activity Reports** provide a list of the top 200 doctors certifying to the highest total amount of benefits, newly certifying physicians who certify more than a specific monetary amount or number of claims, and doctors whose claim-certifying activity has dramatically increased during the report period. These reports enable the FOIS to identify significant changes in claims activity and/or filing patterns, which may be indicators of fraud.
- **Automated Tolerance Indicators** (flags) that are associated with the certifying healthcare providers license number help EDD staff identify and track claims on which fraud or abuse is suspected or has previously been detected. They also alert

staff to refer to special instructions that have been created to assist in the adjudication/payment of claims on which a Tolerance Indicator has been attached.

- **Decedent Cross-Match Reports** identify benefit payments issued after the date of death of DI claimants by checking the SSNs of all DI claimants against the SSNs of individuals reported as deceased by the Department of Health Services. The report enables DI to identify benefits paid subsequent to the date of death that may not otherwise have been discovered.
- **Address/Name Change Reports** record all changes of the claimant's name or address by date and operator identification, as a means to identify claim manipulation, or "hijacking" by employees committing fraud.
- The **Doctor Activity Tracking System** tracks the status of investigations involving potential doctor² or doctor impostor³ fraud cases. The system also provides a useful management tool to ensure appropriate follow up occurs, and to document and evaluate accomplishments.
- **Doctor License Reports** identify all DI claims that any particular doctor has certified. Analysis of the claims listed on the report can lead to discovery of fraudulent claims or program abuse.
- **DI Quality Control (QC) Reviews** test a random sample of 1,200 DI warrants for accuracy, completeness, and propriety. These reviews detect the nature and extent of improper payments, reveal operating weaknesses, and serve as a check on agency employee fraud or collusion. Claims that appear fraudulent are referred to investigators for follow up.
- **Medical Hotsheet Reports** identify healthcare providers whose licenses have been revoked or suspended. This information, supplied by the Medical Board of California, helps ensure that claims are certified by properly licensed healthcare providers and alerts the EDD to potential fraudulent situations.
- The **DI Personal Identification Number (PIN) System** provides identification, authentication, and authorization services via EDD's Interactive Voice Response (IVR) system. The system enhances security of the IVR system and improves claimant privacy by preventing unauthorized access to confidential data.

Claimants are required to enter their SSN and PIN each time they request confidential payment information through DI's IVR system. Claimants select their PIN the first time they use the IVR to obtain payment information by matching personal identifying information. As an additional security and fraud detection measure, when a PIN is established or changed the claimant is sent a notice.

- An EDD **Toll-free Fraud Tip Hot Line**, telephone number (800) 229-6297, operates within the ID, for employers or individuals to report alleged fraud. The number of DI

² Doctors who knowingly certify claims for individuals who are not disabled.

³ Someone other than the doctor signs the doctor's name on DI claim forms.

program fraud allegations reported through the Hot Line is as follows: 142 allegations in CY 2000, 621 allegations in CY 2001, 688 allegations in CY 2002, and 849 allegations in CY 2003.

RESULTS/ACCOMPLISHMENTS DURING CY 2001 through 2003

The following table shows the DI's program results for the last three years.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Cases Under Investigation	\$ 2,296,557 29 cases	\$ 3,503,307 138 cases	\$ 4,005,662 176 cases
Criminal Complaints Filed	\$ 232,103 6 cases	\$ 1,815,284 11 cases	\$ 302,852 9 cases
Completed Criminal Prosecutions	\$ 1,096,357 10 cases	\$ 672,138 16 cases	\$ 498,431 14 cases
Fraud Overpayments Established ⁴	\$ 1,629,120 662 ops	\$ 4,655,244 2,017 ops	\$ 3,486,055 1,283 ops
Fraudulent Benefits Prevented	Data not available	\$ 1,702,703	\$ 6,712,402

- During CY 2003, 176 cases potentially representing \$4,005,662 were investigated. These investigations focused on the following case types: impostor fraud/identity theft (20 cases representing \$888,332); altered or forged documents (70 cases representing \$783,745); and medical practitioner fraud (15 cases representing \$1,721,512). The remaining 71 miscellaneous cases, representing \$612,073, included impostor fraud/forgery enabled by taking over the claim of another, counterfeit checks, and fictitious employers.
- In CY 2003, the ID filed 9 Criminal Complaints representing potential fraudulent benefits in the amount of \$302,852. This amount is low compared to the total potential fraudulent benefits paid on cases under investigation (\$4,005,662) because of the ID's focus on large, more complex fraud cases, such as impostor/identity theft and medical practitioner fraud, that take longer to investigate.
- During CY 2003, the ID completed 14 criminal prosecutions representing fraudulent benefits in the amount of \$498,431. The relatively low amount of completed prosecutions is, again, attributed to the increased complexity of fraud cases and lengthy investigations.
- In CY 2003, the DI program established a cumulative total of 1,283 fraud overpayments in the amount of \$3,486,055. The CY 2002 totals were higher because several large cases concluded in that year.
 - The DI program established 666 fraud overpayments totaling \$1,884,120 on claims associated with claimants who were prosecuted.

⁴ "Fraud overpayments established" includes overpayments established as a result of criminal and administrative actions.

- The DI program established 617 fraud overpayments that were not attributed to prosecutions. These overpayments, totaling \$1,601,935 were the result of administrative actions applied by the DI program, such as false statement overpayments.
- In CY 2003, departmental anti-fraud efforts stopped \$6,712,402 in fraudulent DI benefits from being paid. Of this total, \$372,446 is attributable to DI program anti-fraud efforts such as conducting Eligibility Reviews, IMEs, and verification of ownership with deletion of improper base period wages. Payment of approximately \$6,339,956 in fraudulent benefits was prevented through the ID's ongoing investigations of identity theft, forgeries, and medical practitioner fraud.
- In 2003, 55 doctors certified to over \$1 million in benefits. In 40 cases, after review by DI Branch and/or the ID, it was concluded that the doctor's high volume of activity was justified and no fraud or abuse was detected. In the remaining 15 cases, 4 are under investigation by the ID; a Tolerance Indicator has been established for one doctor, and 10 are pending further evaluation by the FOIS.

RECENT DI PROGRAM ENHANCEMENTS

In November 2000, DI Branch retained the consulting firm, KPMG, to conduct a risk assessment of the DI anti-fraud program. The risk assessment recommended a variety of fraud control strategies to improve the DI Branch's ability to detect, investigate, and deter fraud. KPMG recommendations implemented by DI Branch during 2002 and 2003 are as follows:

- **Program Integrity Awareness Refresher Training** was provided to all DI field office staff to heighten awareness and staff capacity to detect and deter fraud. The training emphasized the role that the FOIS and field office staff play and reviewed the various tools utilized to detect fraud, potential fraud indicators (claim data elements), and what actions to take when fraud or abuse is identified.
- The **In-Office Eligibility Review Process** provided for in Title 22, California Code of Regulations, to more promptly limit payment of potentially fraudulent benefits was piloted in five locations. This process will continue to be used as a fraud deterrence and detection tool.
- An Excel matrix listing data on suspicious claims was created to help identify potential fraud patterns. An automated database that enhances the ability to enter and array the data is under development.
- The DI Branch and the ID established a collaborative working relationship including formation of a workgroup to analyze claims utilizing an internal database to assist in the identification of potential areas of program vulnerability to fraud or abuse. These activities result in improved communication between the DI Branch and the ID.
- The Department's Medical Director was assigned to the DI Branch in 2002. License verification for all medical/health care providers who certify DI claims were turned over to the Medical Director's staff. The Doctor Verification Table containing the

license numbers, addresses, and the licensing status of all doctors and other health care providers was reviewed and updated. Programming to more efficiently update and maintain comprehensive licensing data supplied by the Department of Consumer Affairs (DCA) was completed.

- As part of the Department's ongoing commitment to deter identity theft and to protect the confidentiality of the information assets, printing of the full Social Security Number (SSN) on the DI benefit check has been discontinued. The 9-digit SSN has been truncated to the last 4 digits of the claimant's SSN.

UNEMPLOYMENT INSURANCE (UI) PROGRAM

The EDD continues its commitment to maintaining the integrity of the UI Program. During CY 2003, the UI Program processed 2,538,701 new claims (regular UI claims as well as extensions) and paid a total of \$7.45 billion in benefits.

The UI Program utilizes a variety of processes, tools, and techniques to deter and detect fraud, which include:

- **Claimant Notification** provides notice to the claimant, by way of a Claimant Handbook, of claim eligibility requirements and legal consequences of willful misrepresentation⁵ or willful nondisclosure of facts.
- **30 Percent Fraud Penalty Assessment** on any overpayments resulting from claimant fraud.
- **Weekly Claim Certification** by claimants of their continued eligibility for benefits. This process requires the claimant's signature certifying to the accuracy and truthfulness of the statements made and that he/she understands that the law provides penalties for making false statements to obtain benefits.
- **UI QC** is an independent review of a random sample of 1,200 claims to test the effectiveness of procedures for the prevention of improper UI payments. These reviews detect the nature and extent of improper payments, reveal operating weaknesses, and serve as a check on agency employee fraud or collusion. Claims that appear fraudulent are referred to investigators for follow up.
- The **Benefit Audit Process** matches wages reported quarterly by employers to UI benefits paid within the same period. Through this process, the UI benefits program is able to detect when claimants have been fraudulently collecting benefits while working. Overpayments and penalties are established and collected as a result of this process, protecting the solvency of the UI Trust Fund. These matches are performed on a quarterly and annual basis. The EDD utilizes an employer compliance database to track benefit audit forms that have been mailed and returned by employers.

Future programming enhancements will combine the existing benefit audit process with the New Employer Registry (NER) Benefit Cross-Match to enable EDD to detect fraud sooner. (Refer to **Opportunities for Enhancement – UI Program** in this report for additional information regarding the NER Benefit Cross-Match.)

- **Verification of a Claimant's Right to Work** enables the EDD to identify claimants who do not have legal authorization to work in the United States (U.S.), thus preventing payments to individuals who are not eligible for benefits. The Systematic Alien Verification for Entitlement program is an on-line verification system that enables the EDD to link with the database of the U.S. Citizenship and Immigration

⁵ To willfully provide false information or withhold information that affects the payment of UI benefits.

Services (formerly Immigration and Naturalization Service). The on-line verification system allows the EDD to submit both primary and secondary verification queries for claimants who are not U.S. citizens and enables the EDD to obtain information necessary to reduce improper payments to individuals who do not have legal authorization to work in the United States. Beginning in May 2004, the on-line verification system will switch to a Web-based Internet system. This new system will have enhanced reporting capabilities.

- A **SSN Verification System** cross-matches UI records with the Social Security Administration's (SSA) records. At the initial claim filing point, SSNs are verified using the confirmed data in our database and the SSA's automated State Verification and Exchange System process. In 2003, the SSN Verification Process was enhanced; SSA now provides information to the requesting state when the verified owner of the SSN is deceased.
- The ID operates a **Toll-free Fraud Tip Hot Line**, telephone number (800) 229-6297, for employers or individuals to report alleged fraud. The number of UI program fraud allegations received through the Hot Line is as follows: 1,436 allegations in CY 2000, 1,231 allegations in CY 2001, 1,445 allegations in CY 2002, and, 1,220 allegations in CY 2003.
- The **UI PIN** is an automated system that allows claimants to select a PIN in order to obtain personal claim information through the IVR system. The UI PIN was established to protect claimant's confidential information. Without a PIN, claimants will be unable to access their personal and confidential claim information through the IVR. In CY 2003, 421,840 new PINs were established and UI claimants successfully accessed their confidential information over 5 million times using this system.
- Changes to the **UI benefit check** were initiated as part of the Department's ongoing commitment to deter identity theft and to protect the confidentiality of its information assets. The heading "SSA NO." was removed from the face of the UI benefit check and the 9-digit SSN is no longer printed on the face of the check. In its place, **only** the last 4 digits of the claimant's SSN will display.
- EDD has always used various measures to ensure the true identity of a claimant for unemployment insurance. In April 2003, however, **UI Impostor Fraud Prevention** was enhanced with the implementation of EDD's Identity Alert Process. The process, developed to reduce the risk of identity theft fraud, was implemented when employers and/or employer's payroll agents contacted the Department to report that their records containing confidential employee information had been compromised. The Identity Alert Process was designed to protect the worker and employer from ongoing fraud and to ensure proper payments of UI benefits.

When a claim is initiated into the Identity Alert Process, no payments are issued until the Department obtains the information needed to validate the identity of the individual filing the UI claim. New UI Identity Regulations, effective July 2003, revised prior regulatory language to allow the Department to require a claimant to provide identity verification documentation upon request.

The tools utilized by the EDD to prevent UI Impostor Fraud include:

- Flagging potentially compromised SSNs identified by employers/employer agents and the Department's ID. If a new claim is filed using one of the flagged SSNs, the claim is initiated into the Identity Alert Process and a request for identity information is mailed to the claim filer, the last employer, and the base period employer(s).
- Stopping benefit payments on active UI claims that are associated with compromised SSNs until the identity of the claimant is confirmed.
- Implementing new screening procedures during the claim filing process to better authenticate the identity of claimants and to ensure only the true owner of the identity will receive UI benefits.
- Utilizing a variety of communication methods to provide information to all California employers on how to protect personnel information and assist the Department in preventing UI fraud. This includes published articles in the California Employer's Guide (DE 44-Tax publication) as well as the California Employer Newsletter (Quarterly-Tax publication).
- Updating the EDD Web site (edd.ca.gov) with information on UI impostor fraud and identity theft assists both employers and employees. The brochures "**How You Can Prevent Unemployment Insurance Impostor Fraud**" (designed for employers) and "**Protect Your Identity and Stop Unemployment Insurance Impostor Fraud**" (designed for employees) can be viewed as well as downloaded and printed from the EDD Web site.

RESULTS/ACCOMPLISHMENTS DURING CY 2001 through 2003

The following table shows the UI program's results for the last three years.

	2001	2002	2003
Cases Under Investigation	\$ 2,791,981 87 cases	\$ 10,491,072 156 cases	\$ 28,231,545 190 cases
Criminal Complaints Filed	\$ 751,531 6 cases	\$ 2,422,124 12 cases	\$ 14,249,173 31 cases
Completed Criminal Prosecutions	\$ 243,555 15 cases	\$ 452,168 14 cases	\$ 2,779,158 14 cases
Fraud Overpayments Established	\$108,583,769 108,197 ops	\$125,158,151 112,382 ops	\$143,737,723 122,173 ops
Fraudulent Benefits Prevented	Data not available	\$ 10,936,284	\$ 21,231,560

- During CY 2003, the ID investigated a total of 190 ongoing and new UI fraud cases representing potential fraudulent benefit payments in the amount of \$28,231,545. These investigations focused on the following case types: impostor fraud/identity theft (79 cases representing \$27,451,943); working while certifying for benefits (35 cases representing \$198,302); forgery – taking over another's claim (15 cases

representing \$143,770); and conspiracy between employer and claimant to certify for benefits (six cases representing \$22,206). The remaining 55 miscellaneous cases, representing \$415,324, included counterfeit checks and the use of multiple SSNs by one person.

- In CY 2003, the ID filed 31 Criminal Complaints representing potential fraudulent benefits in the amount of \$14,249,173. This amount is low compared to the total potential fraudulent benefits on cases under investigation (\$28,231,545), because of the ID's focus on large, more complex fraud cases, such as impostor/identity theft, that take longer to investigate.
- In CY 2003, the ID completed 14 criminal prosecutions representing fraudulent benefits in the amount of \$2,779,158. The relatively low dollar amount of completed prosecutions is, again, attributed to the increased complexity of fraud cases such as impostor/identity theft that take longer to prepare and prosecute.
- During CY 2003, UI program staff established a total of 122,173 fraud overpayments totaling \$143,737,723.
 - 71,044 fraud overpayments totaling \$68,307,031 were established as a result of the benefit audit cross-match system.
 - UI program staff established fraud overpayments on 12,495 cases of identity theft totaling \$15,657,238.
 - 38,634 fraud overpayments that were not attributed to the benefit audit cross-match system or identity theft were also established. These overpayments, totaling \$59,773,454, were established for a variety of reasons including retroactive disqualifications of miscellaneous eligibility issues and unreported earnings that were not discovered through the benefit audit cross-match system.
- In addition, in compliance with new California regulations, UI program staff imposed disqualifications and overpayments on 26,896 cases totaling an additional \$45,764,005 in non-fraud overpayments when claimant's failed to comply with the Department's request for identity verification information and there was insufficient information to determine the real owner's identity.
- In CY 2003, the ID prevented approximately \$21,231,560 in benefits paid from UI claims that were filed by impostors based upon the identity and wage credits of full-time active employees. Payments on the claims were discontinued when it was determined that benefits were paid to impostors. These UI claims are associated with ongoing criminal investigations.

RECENT UI PROGRAM ENHANCEMENTS

The EDD continues to monitor, research, and investigate systems and activities in order to detect and prevent fraud within the UI program. As EDD moves towards an electronic system, such as Web-based applications for delivering UI services to our clients, the need to maintain the security and integrity of the program is a high priority. California has taken a lead role in developing system enhancements for the detection and prevention of fraud within the UI program. The following describes fraud detection and prevention system enhancements to the UI program that are currently in process:

- The **NER Benefit Cross-Match** will enable the EDD to use new hire information from employers to identify claimants who improperly continue to receive benefits after they have returned to work. This is accomplished by matching the new hire information with the Department's records of claimants currently collecting UI benefits. Through this process, the EDD will be able to detect fraud and other eligibility issues up to six months earlier than through the Department's current benefit audit process, allowing EDD to protect the UI Trust Fund by reducing the amount of dollars overpaid to claimants. NER Benefit Cross-Match programming efforts are currently underway.
- **Web-Based Claim Filing (WBCF)** project is reengineering the UI claim filing process to improve the quality of claim filing. A \$100,000 federal grant received by the Department has been applied to the WBCF project to implement the use of employer's addresses from the EDD's Tax Accounting System (TAS) during claim filing. This will ensure proper delivery of employer notices to minimize fraud. Phase one of this project is scheduled for implementation in December of 2004.
- The **Address Integrity Project** will ensure that only the rightful owner of the claim makes a change of address to a claim. As a security and fraud detection measure, a letter will be sent to the old address to notify the claimant that the EDD has received a request for change of address.
- **Fraudulent Claim Profiles** are being established to institute ongoing system checks for identification of claims that fit fraud patterns.
- **New UI technology projects**, the Continued Claims Redesign and Call Center Network and Platform Upgrade, are underway, and will enhance anti-fraud measures. These projects will utilize technology for identification and verification of identity, gather new data that will enable earlier identification of potentially fraudulent claims, and provide additional audit trails that will assist in identifying perpetrators of UI fraud through identity theft.
- As part of an ongoing **public education campaign**, the EDD developed a "toolkit" for employers that includes information on how they can prevent and detect UI impostor fraud. Success in preventing, detecting, and deterring UI impostor fraud is greatly dependent upon a strong partnership with the employer community.

EMPLOYMENT TAX PROGRAMS

The EDD is one of the largest tax collection agencies in the United States, collecting UI, DI, Employment Training Tax, and Personal Income Tax withholding. Only the Internal Revenue Service (IRS) collects more payroll tax dollars than the EDD. During 2003, the EDD collected over \$32.4 billion in California payroll taxes from over 1.1 million employers.

As with the benefit programs, the EDD's approach to employment tax fraud deterrence and detection involves independent oversight and investigative activities, plus extensive efforts within the Tax Branch to ensure integrity and accuracy of this program. Tax Branch efforts focus on increasing voluntary compliance with the tax laws through education, cooperation, and enforcement. To achieve this goal, the Tax Branch conducts a Taxpayer Education and Assistance program, actively participates with employer organizations on issues of concern, and conducts various enforcement activities. The major components of the Tax Branch enforcement program include:

- The **Tax Audit Program** educates employers and provides them with an incentive to voluntarily comply with State employment tax laws. Individual employers are selected for audit based on certain criteria. Most commonly, an employer is audited when a former employee files a claim for UI or DI benefits, and the former employer has not reported the wages to the EDD, or paid the required employment taxes. During 2003, EDD audited 5,239 employers. The audits revealed that 77.6 percent of the employers audited made an error in reporting wages on tax returns. In addition, the audits revealed that 177 (3.4 percent) of the 5,239 audits, resulting in employment tax assessments of \$30,954,859, had done so with intent to evade.
- The **Joint Enforcement Strike Force** combats the underground economy by pooling resources and sharing data among the State agencies that enforce licensing, labor, and tax laws. The Joint Enforcement Strike Force (JESF) on the Underground Economy was formed by Executive Order in 1993 and codified in 1994. The members of the Strike Force include the EDD (lead agency), the DCA, the Department of Industrial Relations, the Franchise Tax Board (FTB), the Board of Equalization, the Department of Insurance (DOI), and the Department of Justice.

The Strike Force obtains information indicating that a business may be operating illegally. Sources of information include informants who use established hot lines, complaints from legitimate businesses, and comparison of data in various databases maintained by member agencies.

Three special projects, entitled the Employment Enforcement Task Force (EETF), the Construction Enforcement Project (CEP), and the Janitorial Enforcement Project (JEP) were implemented since the formation of the Strike Force. The Strike Force staff from EDD were added to the Targeted Industries Partnership Program (TIPP) in 1996. The EDD's participation in TIPP has been primarily in the garment manufacturing industry.

RESULTS/ACCOMPLISHMENTS DURING CY 2001 through 2003

- In 2003, the EETF inspected 582 businesses for payroll tax and Labor Code violations. Any business suspected of operating in the underground economy is subject to inspection although the EETF focuses on industries known to have a high degree of noncompliance such as auto repair, bars, car washes, construction, and restaurants. The inspections resulted in the issuance of 503 citations totaling \$3,078,300 for various violations of the Labor Code. In 2003, 408 EETF audits were completed, resulting in assessments of \$7,558,369⁶ in unpaid employment taxes, penalties, and interest. In addition, 3,553 previously unreported employees were identified.

The following table shows the EETF's program results for the last three years.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Joint Inspections	626	635	582
Payroll Tax Audits	370	552	408
Payroll Tax Assessments	\$ 7,500,116	\$ 10,293,856	\$ 7,558,369
Labor Code Citation Amounts	\$ 3,371,680	\$ 3,371,050	\$ 3,078,300
Previously Unreported Employees	4,618	4,098	3,553

- In 2003, the CEP referred 293 construction industry employers for audit. Completed audits resulted in assessments for \$12,387,778 in unpaid employment taxes, penalty, and interest. In addition, 5,382 unreported employees were identified.

The following table shows the CEP's program results for the last three years.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Audit Referrals	372	277	293
Payroll Tax Audits	235	329	268
Payroll Tax Assessments	\$ 11,912,662	\$ 15,852,577	\$ 12,387,778
Previously Unreported Employees	4,056	7,810	5,382

- In 2003, the JEP referred 26 janitorial industry employers for audit. Completed audits resulted in assessments for \$1,387,451 in unpaid employment taxes, penalty, and interest. In addition, 1,654 unreported employees were identified.

The following table shows the JEP's program results for the last three years.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Audit Referrals	74	40	26
Payroll Tax Audits	74	82	31
Payroll Tax Assessments	\$ 4,082,018	\$ 5,625,008	\$ 1,387,451
Previously Unreported Employees	3,230	3,739	1,654

⁶ Total unpaid employment taxes equal \$36,210,208 assessed as a result of all UEO activities.

- In 2003, the TIPP program referred 121 employers for audit. Completed audits resulted in assessments for \$7,778,466 in unpaid employment taxes, penalty, and interest. In addition, 3,917 unreported employees were identified.

The following table shows the TIPP's program results for the last three years.

	<u>2001</u>	<u>2002</u>	<u>2003</u>
Audit Referrals	130	135	121
Payroll Tax Audits	134	148	149
Payroll Tax Assessments	\$ 5,093,859	\$ 4,666,883	\$ 7,778,466
Previously Unreported Employees	3,321	4,232	3,917

- The EDD's UEO conducts additional tax enforcement activities independent of the Strike Force. In 2003, these other UEO programs referred 176 employers for audit. Completed audits resulted in assessments for \$7,098,144 in unpaid employment taxes, penalty, and interest. In addition, 2,455 unreported employees were identified.
- In 2003, the ID investigated a total of 178 ongoing and new payroll tax evasion fraud cases representing a potential tax liability of \$34,288,344.
- In 2003, the ID filed 28 Criminal Complaints representing a potential tax liability of \$3,313,398.
- In 2003, the ID completed 22 Criminal Prosecutions representing a potential tax liability of \$5,738,537.
- In 2003, the ID referred 26 conviction cases with tax liabilities in the amount of \$6,600,515 to EDD Collection Division for recovery. The ID delivered restitution checks (received at sentencing hearings) in the amount of \$300,452 to the Collection Division. To date, the Collection Division has recovered an additional \$440,895 on these cases.

RECENT TAX PROGRAM ENHANCEMENTS

The UEO and Audit Programs have coordinated efforts to bring the Courier Industry into compliance. Approximately 155 mandatory audit leads have been set up as priority audit leads. The Audit Program began contacting employers for these audits in September 2003. We are coordinating our efforts with other departments in the California Labor and Workforce Development Agency (LWDA) to insure compliance for Worker's Compensation Insurance and other issues.

The UI Rate Manipulation Team is actively working 45 cases and has issued 19 assessments amounting to nearly \$98,832,141. Payments totaling nearly \$730,000 have been received. Of the 19 assessments, 14 are being petitioned to the California Unemployment Insurance Appeals Board. The Rate Team has worked with Account Services Group (ASG) staff to help ensure businesses are prevented from opening a new employer account for the purpose of State Unemployment Tax Act (SUTA)

dumping. In addition to the team's efforts to address the specific cases, outreach and education efforts are underway to get the word out that SUTA Dumping and UI Rate Manipulation will not be tolerated in California. Through the end of January 2004, 19 presentations have been made to various groups, including the Office of the California Attorney General; EDD's Investigation Division Criminal Tax Evasion Program Management Team, and the California Society of Certified Public Accountants. The team has published an article in the California Employer and has distributed a Field Audit and Compliance (FAC) Notice to EDD Field Audit and Compliance Division Staff. More outreach and education efforts are planned in early 2004.

The "Non-Registered Lead Development Project" is an effort focused on detecting non-registered employers in the state. The project targeted non-registered businesses that may have misclassified their employees as independent contractors and issued 1099s to its workers. The department would contact these businesses to discuss the services performed by their workers and when it appeared that unreported employees were detected, the businesses were selected for audit. In the pilot project, 53 of the 60 audits completed resulted in a tax assessment. These assessments totaled over \$1.47 million dollars and brought 1,969 employees into coverage.

Assembly Bill 202 (Chapter 180, Statutes of 2001), added the DOI as a member of the Joint Enforcement Strike Force on the Underground Economy. The UEO has been meeting with DOI to develop a memorandum of understanding to share information and conduct joint enforcement operations to combat the underground economy in California.

In January 2003, the new LWDA established several committees to identify efficiencies and strengthen the programs benefiting all of California's workers and employers. Staff from EDD's UEO and ID has been assigned to the sub-committee on the Expansion of the JESF Process. This sub-committee is working to identify areas for improvement between the Departments in the LWDA. The sub-committee has established four workgroups to develop recommendations for improvements and implement the approved recommendations.

EMPLOYMENT AND TRAINING PROGRAMS

WORKFORCE INVESTMENT ACT (WIA) PROGRAM WELFARE-TO-WORK (WtW) PROGRAM

Beginning in July 2000, in conjunction with the California Workforce Investment Board, the EDD administers the federally funded WIA Program in California. The WIA replaced the Job Training Partnership Act (JTPA) as the federal job training program. In addition, the EDD also administers the federally funded WtW Program. The WtW program ended on January 23, 2004, with the exception of grant closeout activities. The Department guides the subgranting of WIA and WtW funds received by the EDD from the Department of Labor (DOL), and provides general program direction to local administrative entities that deliver services to eligible clients via a statewide system of Local Workforce Investment Areas (LWIA).

The detection and deterrence of fraud in the expenditure of WIA (and formerly JTPA) and WtW funds is accomplished through a combination of processes that the EDD requires of the local administrative entities. In addition, the DOL may occasionally conduct specialized WIA and WtW reviews, which, even though their focus is on the adequacy of the State's management of the program, typically also include reviews of a sample of local administrative entity activities. The program integrity components of the WIA and WtW programs include:

- **Monitoring Reviews** determine whether programs operate in compliance with the WIA and WtW and applicable federal, state, and local rules and regulations; and require corrective actions for any deficiencies.

Each LWIA administrative entity, as a condition of receiving WIA and WtW funds, is required to maintain and operate a monitoring system that ensures that each of its subrecipients is monitored on-site at least once during each program year in both fiscal and program areas. In addition, the EDD conducts monitoring of LWIA administrative entities.

- **Incident Reporting System** provides reports of fraud, abuse, and criminal activity within the WIA and WtW programs. This system is required by the DOL/Office of the Inspector General (OIG) under 20 CFR 667.630. Each local administrative entity, as a condition of receiving WIA and WtW funds, participates in this system by being alert to indications and allegations of WIA and WtW-related fraud, abuse, and criminal activity, and by maintaining procedures that ensure that violations are reported promptly (within 24 hours of detection). The EDD then works with the DOL/OIG to investigate and resolve allegations.
- **Single Audits** are required of LWIA administrative entities and subcontractors that expend an aggregate of \$300,000 or more in federal funds. For fiscal years ending after December 31, 2003, the expenditure threshold is \$500,000. These audits are required by the provisions of the U.S. Office of Management and Budget Circular A-133, as revised on June 24, 1997, entitled "Audits of States, Local Governments,

and Non-Profit Organizations.” Further, commercial subcontractors that expend \$300,000 or more in federal funds to operate a WIA or WtW program must obtain either an organization-wide audit or an independent financial and compliance audit. These audits are usually performed annually, but must be performed not less frequently than once every two years. Audits of local subrecipients are resolved by the local administrative entity and audits of the local administrative entities are resolved by the EDD. The EDD may conduct special WIA and/or WtW audits, as warranted by special circumstances.

- **Regulatory Controls** provide for additional fraud protection. The DOL provides a Hot Line telephone number (800) 347-3756 to report fraud and abuse complaints. This functions as a national control point. Another control point is that the WIA and WtW programs prohibit contracting with or doing business with any agency that has been disbarred. Additionally, the WIA and WtW regulations have established controls against nepotism.

RESULTS/ACCOMPLISHMENTS DURING CY 2003

The results presented in this section represent resolution activities for both the JTPA and the WIA programs. Although the JTPA program was repealed on July 1, 2000, actions to resolve JTPA fraud and abuse cases continue.

During CY 2003, there were 107 open cases, of which 13 were resolved, resulting in recovery of \$232,051 in nonfederal funds recovered from the LWIAs or subgrantees. At the end of the year, 94 cases (total value of \$1,659,836) remained open in various stages of resolution as follows:

- One case of \$918 in debt collection.
- Nine cases, for a total of \$322,211, in appeal.
- 12 cases, representing \$1,336,631, are in the determination process.
- 47 cases were under investigation or fact finding by the DOL/OIG, local law enforcement, or the LWIAs. The monetary amount of these cases has not yet been determined.
- 25 cases pending closure.

INDEPENDENT OVERSIGHT ACTIVITIES

The EDD's Program Review Branch (PRB) performs independent departmental oversight activities of EDD programs, including fraud detection and deterrence. Fraud detection and deterrence are accomplished through sound internal control structures, internal and external audits, risk assessments, detailed QC reviews, and criminal investigations. The PRB has increasingly taken an active role to identify and combat fraud within and across the Department's programs. Through partnerships with internal and external entities, the PRB performs an essential role to prevent, detect, and deter fraud. This section addresses the various components of the PRB's fraud deterrence and detection activities. Many of these activities are also included under the specific EDD program areas.

- **Independent Internal and External Audits** are conducted of departmental operations and recipients of federal funds such as LWIA and community-based organizations over which the EDD has administrative and program responsibility. These audits are performed at the request of EDD management, or in response to issues that arise as a result of program monitoring activities or incident reports. The PRB performs internal audits in accordance with the "Standards for the Professional Practice of Internal Auditing" and with "Government Auditing Standards." These standards require that the auditors have sufficient knowledge to identify indicators of fraud.
- **Independent Internal Control Audits** assist the organization in maintaining effective controls by evaluating their effectiveness and efficiency and by promoting continuous improvement. The EDD considers a strong system of internal controls to be a major deterrent to internal fraud. Internal controls are primarily developed during the system design phase, through technical assistance provided prior to and during system implementation. The EDD believes that it is more cost effective to build controls into the system, as opposed to raising internal control issues during an audit, which may require system redesign. Audit independence is achieved by reporting to a level in the organization that allows the internal audit activity to fulfill its responsibilities. The audit standards governing these audits also require auditors to include an evaluation of the systems of control used to detect illegal activities and deter fraud.
- **Information Technology (IT) Audits** are conducted of the EDD's automated systems and processes by auditors who are specially trained in this field. Their presence and high degree of specialization serves as a fraud deterrent to those perpetrators who might otherwise attempt to defraud the EDD through its automated systems. These IT audits also ensure that automated system controls are built into new or upgraded systems and stay operational throughout the life of the system. During CY 2003, an audit was performed of the DI Branch's compliance with the Department's global security policies, practices, and procedures. The purpose of the audit was to independently assess the DI Branch's controls over data integrity and safeguarding information assets from misuse, loss, destruction, fraud, as well as protecting assets from monetary loss. The resulting findings and recommendations helped reduce the Department's risk of fraud in the DI program.

- **Risk assessments** are conducted to identify and prioritize the EDD's activities most vulnerable to fraud, identify where controls are most needed to prevent financial losses due to fraud, and recommend new or modified controls that are appropriate and cost-effective. The EDD continues to focus on activities that identify and prevent fraud from occurring. For example, risk assessments of claim filing and benefit payment systems can identify the areas most vulnerable to fraud. Resulting work products might include a prioritized list of risk areas, recommendations for mitigating the risk of claim fraud, and proposed action plans with assigned responsibilities and timetables. The PRB is increasingly involved in facilitating risk assessments of the EDD's major programs and IT systems. During CY 2003, facilitated risk assessments were conducted on three major EDD programs (UI, DI, and Tax), one branch (PRB), and one IT project (Expanding Access to Services Through E-Government).
- **On-site Monitoring Reviews of WIA, WtW, and Disaster Relief** are conducted to determine fiscal and program compliance. The EDD is required by the DOL to perform scheduled on-site monitoring reviews of sub-recipients and sub-grantees of federally funded programs including WIA, WtW, and Disaster Relief.

The monitoring reviews include regularly scheduled examinations of both fiscal and programmatic systems and records. This oversight provides the EDD with an opportunity to ensure that internal control structures are in place and that they function as prescribed. The PRB, therefore, provides fraud deterrence by continually ensuring that proper safeguards are in place to discourage fraudulent activity. Monitors are alert to symptoms and conditions that may be indicators of illegal activities.

- **WIA/WtW/Disaster Relief Incident Reporting** provides a reporting and follow-up process for allegations of program fraud and abuses. The PRB receives and tracks incident reports, and submits them to the DOL for its determination whether to conduct the investigation itself, or refer the reports back to the EDD for investigation. Based on the DOL's determination, the EDD may investigate the incident and take appropriate action against the grant recipients.
- **QC Reviews** are mandated for the UI benefit program. The PRB also conducts a similar QC review for the DI program. The UI and DI QC processes detect fraud by verifying that EDD staff are following proper payment procedures.

In conducting the UI and DI QC processes, each week, a random sample of payments for each program is reviewed to verify that proper procedures were employed by the EDD during claim processing, and to ensure that adequate documentation to support claimant eligibility is available at EDD claim filing offices, employer sites, and, in some cases, medical facilities. These detailed examinations provide information from various sources that may indicate fraudulent activity, which is then referred to the EDD's ID.

- **Criminal Fraud Investigations** are conducted by PRB's ID to prevent, detect, and deter fraud committed against the UI Program, the DI Program, the Tax Programs, and other programs administered by the EDD.

Fraud includes such offenses as: fictitious employer registrations to establish future fraudulent UI and DI claims; forgery of checks and claim documents; identity theft/claims filed by impostors based on the wage credits of others; impostors taking over the claims of others; false certifications by medical practitioners and claimants; contract violations under the WIA and/or WtW; underground economy tax evasion such as underreporting or failure to report employee wages; and internal fraud by EDD employees.

The PRB utilizes several methods to detect fraud in departmental programs, provide leads to identify additional fraud, or obtain evidence in an investigation. Such methods include:

- The Fraud Tip Hot Line, telephone number (800) 229-6297, is available for the public to report employer tax evasion and allegations of fraud against the UI program, the DI program, and other programs administered by the EDD.
- The Claimant Address Report, more commonly referred to as "Claimant ZIP Code Report," lists the mailing addresses within a particular postal ZIP Code area used by claimants to receive benefits. The report identifies mailing addresses where multiple claimants are receiving possible fraudulent payments.
- Participation in Task Forces with other state and federal law enforcement agencies such as the DOL, DOI, FTB, IRS, U.S. Postal Inspectors, and prosecutors.
- Forensic audits to examine assets susceptible to loss of revenue or identity theft. ID staff collaborate with Audit and Evaluation Division (A&ED) staff for accounting and auditing expertise. Forensic audits are specifically designed to investigate and pursue indicators of fraud, accounting irregularities, or diversions of company resources.

Whenever appropriate, the EDD seeks prosecution of perpetrators that commit fraud against EDD programs. Publication of the prosecutions and the heightened awareness of the EDD's actions against both external and internal fraud provide a deterrent effect. Fraud deterrence also includes court ordered restitution and imprisonment or probation for individuals who commit fraud against EDD programs. Restitution includes recovery of benefit overpayments, tax assessments, penalties, interest, investigation costs, and any other monies determined by the court to be owed to the EDD by an entity or individual.

The results of the PRB's investigative activities for CY 2003 as well as the previous two CYs are covered in the DI, UI, and Employment Tax sections of this report.

A deterrent used in internal affairs cases is the initiation of adverse action against EDD employees. The adverse action process includes suspensions, demotions, reductions in pay, and dismissal from State service.

The following highlights some of the additional anti-fraud efforts undertaken by the PRB during CY 2003:

- The A&ED is developing a process to improve identity authentication for UI claimants at the point of initial claim filing. The Department is engaged in a major effort to update the automated claim filing system through Web-based claim filing. This automation effort creates the opportunity to establish processes that improve verifying claimant identity and, thereby, reduce identity theft. The A&ED is currently identifying the data elements needed to better authenticate UI claimant identity. This information will be used to develop an authentication strategy for the UI program.
- The A&ED is performing a preliminary survey of the controls over the Base Wage Database (BWDB) information that external users are accessing. The survey will focus on the use, release, and safeguarding of BWDB information by external entities, e.g., government agencies, researchers, and private entities. Security over this information is critical to reducing fraud and identity theft. The A&ED will be assessing the security controls employed by external users.

RECENT INDEPENDENT OVERSIGHT ENHANCEMENTS

The ID's **Criminal Intelligence Unit (CIU)** was created to develop strategic and tactical intelligence for investigative planning and case identification, and to assist program managers and oversight functions to identify areas of focus to prevent and detect fraud. CIU will work with EDD program managers to develop characteristics of fraud and use technology to screen claims for potential fraudulent activities. The CIU and the A&ED are currently gathering and analyzing data from claims filed and investigative cases worked to gain insight into the fraudulent trends and patterns being employed against the EDD. Strategies the Department can use to counter these trends and patterns can then be developed.

Additionally, the A&ED will utilize CIU developed information in its risk assessment process to prepare the EDD's Audit Plan. This will enable the PRB to schedule audits in areas most vulnerable to fraud, thereby making the most effective use of EDD's audit resources. Conversely, the A&ED will provide information obtained during the course of its audits to the CIU, such as internal control strengths and weaknesses, to further enhance CIU's efforts in developing strategic and tactical intelligence.

This effort is an ongoing challenge due to the advances of technology and the increased sophistication of criminal perpetrators seeking to defraud the EDD.

Automated Data Analysis: The PRB is developing staff expertise in using automated software to conduct complex, comprehensive data analysis.

ENTERPRISE-LEVEL ACTIVITIES

The EDD has increasingly taken an enterprise-wide approach to identify and combat fraud within and across programs. Additionally, EDD is continually seeking new approaches to prevent, detect, and deter fraud, through partnerships with both internal and external entities. This section summarizes enterprise-level anti fraud efforts undertaken during 2003, and those activities that are under consideration for future implementation.

The areas for enhanced anti-fraud efforts include:

New and Expanded Internal and External Partnerships

- EDD is initiating a departmental Policy Workgroup on Fraud to develop department-wide policies and strategies to prevent, detect, and deter fraud in EDD's programs. This workgroup will be comprised of executives representing EDD program and oversight branches. The first meeting will be scheduled in June 2004, and subsequent meetings will be held on a monthly basis.
- The EDD ID, jointly with both the UI and DI programs, has begun to identify claim or payment characteristics that are indicative of fraud. This has enabled automated trend analyses as a method to identify potential fraudulent claims/payments, which trigger additional steps to determine legitimacy of suspect claims.
- An expanded partnership between the EDD ID and the A&ED has enabled more thorough and timely analysis of large volumes of accounting data as a tool to identify and analyze fraud perpetrators' fraudulent activities and develop investigative leads.
- The EDD ID has continued to foster joint investigative activities with the DOL and the U.S. Attorney, as a means to develop and share fraud leads, and more effectively investigate and prosecute perpetrators of fraud.
- The ID coordinates with partner investigative/enforcement agencies to publicize joint investigative, arrest, indictment, and prosecution actions, with the intent of deterring fraud perpetrators.

Recent Internal and External Partnership Enhancements

- Expand EDD investigator participation in local level task forces to enhance local level collaboration.
- Enhance partnerships with other state and federal agencies to share fraud leads, anti-fraud methodologies, and activities.
- Increase marketing efforts to educate the public on the consequences associated with committing fraud.
- Develop a cross-program approach to fraud detection, deterrence, and prevention activities. The ID will work closely with the UI and DI programs to develop joint strategies for early detection and prevention of fraud. Results of these efforts are anticipated to reduce the amount of dollars paid out on fraudulent claims.

Automated Fraud Detection and Prevention Tools Under Consideration

- Direct Deposit - A new automated Direct Deposit system for claimants to have their UI or DI benefit checks deposited directly into their bank accounts.
- Voice Print Technology - An automated Voice Print technology enhancement to identify claimants when they call to certify for benefits by telephone.
- Electronically link the Tax and the UI systems to enhance the EDD's ability to detect fraud.
- Enhance the Fictitious Employer Detection System that identifies potential employer/claimant fraud involving the establishment of fictitious employer accounts and fictitious claimants. The system contains certain characteristics that are fairly common among employers and claimants involved in fictitious employer schemes. The identification and addition of new characteristics to the system will increase our ability to detect and deter fraud. An employer-tracking file serves as the basis to identify such employers and/or claimants.
- Establish automated links to other governmental agencies.

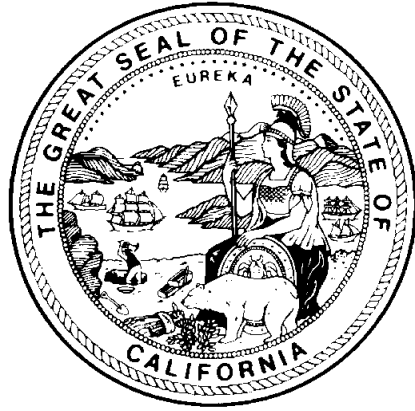
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The California State Employment Development Department (EDD), as a recipient of federal and state funds, is an equal opportunity employer/program and is subject to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

You can obtain information about accommodations for disabilities by contacting your local EDD office. The number is listed in the telephone directory under "State of California, Employment Development Department."



STATE OF CALIFORNIA

LABOR AND WORKFORCE DEVELOPMENT AGENCY

EMPLOYMENT DEVELOPMENT DEPARTMENT